

Kansas Department of Agriculture  
Meat and Poultry Inspection Program – Records Center  
109 SW 9<sup>th</sup> St, Topeka, KS 66612  
785-296-5192

Kansas Establishment No: \_\_\_\_\_

## APPLICATION FOR REGISTRATION

Calendar Year \_\_\_\_\_

Please check the box or boxes which apply to your operation

Red Meat ☐Rabbit ☐Poultry ☐**Annual Registration fee of \$50 for the following: (MMB)**

- ☐ Broker  
☐ Animal Food Manufacturer  
☐ Small/Seasonal Slaughter Facility  
☐ State-owned Facility at Regent Institution  
☐ Facility at Public Secondary School

**Custom – Annual Registration fee of \$200 for the following: (MCF)**

- ☐ Custom Slaughter Facility  
☐ Custom Processing Facility  
☐ Custom Slaughter and Processing Facility

**Annual Registration Fee of \$150 for the following: (MSF)**

- ☐ Inspected Facility Slaughtering 300 animal units or less per year\* (Based on previous year slaughter) (Slaughter only facility: for processing other than quartering, register as Inspected)

**Inspected – Annual Registration fee of \$250 for the following: (MSP)**

- ☐ Inspected Facility Slaughtering more than 300 animal units per year\* (Based on previous years slaughter)  
☐ Inspected Processing Facility  
☐ Inspected Slaughter and Processing Facility

\* Animal units shall be computed by using one unit for each bovine, bison, horse or other equine; .6 unit for each swine; .4 unit for each sheep or goat; and specified by rule and regulation for other animal units.

Firm Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ County: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Business Type: ☐ Individual ☐ Partnership ☐ Corporation Incorporated in State of: \_\_\_\_\_

Name of Business owner or owners: \_\_\_\_\_

List all persons, individuals, partners, officers, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the Department of Agriculture within 30 days of any changes in the listing given. Attach separate sheet if necessary.

Name	Title	Address	Holder of more than 10% voting stock? (Yes or No)

Name of each person listed above who has been convicted in any Federal or State court of (1) any felony based upon acquiring, handling, or distributing of unwholesome, mislabeled or deceptively packaged food or based upon fraud in connection with transactions in food or of (2) more than one violation of any law, other than a felony, based upon acquiring, handling or distributing of unwholesome, mislabeled or deceptively packaged foods or based upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. Attach a separate sheet if necessary.

**AGREEMENT AND CERTIFICATION:** If inspection and regulation is granted under this application, I (we) expressly agree to conform strictly to the Kansas Meat & Poultry Inspection Act (K.S.A. 65-6a18 et seq. as amended) and the requirements of the regulations promulgated by the Secretary governing the Inspection of Meat & Poultry Food Products or the inspection of Poultry & Poultry products, or both. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

Signature of Owner, Partner, or Authorized Officer \_\_\_\_\_

Printed Name of person signing application \_\_\_\_\_

Title \_\_\_\_\_

This institution is an equal opportunity provider. \_\_\_\_\_

**For Office Use Only**

Fee	Code	Transaction Number	Receipt Date	Check No.	Exemption Status: Custom
_____	_____	_____	_____	_____	_____
_____	MLP	_____	_____	_____	_____